Sandwell
Metropolitan Borough Council

Health and Adult Social Care Scrutiny Board

Health and Adult Social Care Scrutiny Board Monday 6th July 2020 at 3pm

Please click on the above link to view the live meeting

Agenda

(Open to Public and Press)

1. **Apologies for absence**.

2. **Chair's Announcements.**

3. **Members to declare:**-

   (a) any interest in matters to be discussed at the meeting;
   (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.

4. To confirm the minutes of the meeting held on 20 January 2020 as a correct record.

5. **Sandwell Council's COVID-19 Reset and Recovery Planning- Update and Data Review**- Presentation by Lisa McNally, Director of Public Health and Stuart Lackenby, Director of Adult Social Care, (SMBC).

6. **NHS Restoration and Recovery Plan- Black Country and West Birmingham CCGs-** Presentation by Michelle Carolan, Managing Director and Jayne Salter Scott, Head of Engagement & Communications at Sandwell & West Birmingham CCG.

7. **DRAFT Quality Account - Sandwell and West Birmingham Hospitals NHS Trust (SWBHNHST) 2019/20**- Overview from Dr. David Carruthers, Medical Director, SWBHNHST.

8. **Mental Health Support-** Verbal update by Lisa McNally, Director of Public Health

9. **5G Mobile Communication Technologies-** Lisa McNally, Director of Public Health

10. Any other business.

David Stevens
Chief Executive

Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution:
Councillor E M Giles (Chair);
Councillor Piper (Vice-Chair);
Councillors Carmichael, Costigan, Hackett, Hartwell, Jarvis, R Jones, Kausar, Phillips and Tranter.

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Sandwell Metropolitan Borough Council

Agenda Item 3

Minutes of the Health and Adult Social Care Scrutiny Board

20th January, 2020 at 6.00pm
at Sandwell Council House, Oldbury

Present: Councillor E M Giles (Chair);
Councillor Piper (Vice-Chair);
Councillors Hartwell, R Jones, Phillips and Tranter.

Apologies: Councillors Carmichael, Costigan and Jarvis.

In Attendance: Kathryn Drysdale, Senior IFR Nurse, SWB CCG
Andrea Clark, Head of consultation and engagement, SWB CCG
Ian Sykes, Chair SWB CCG
Angela Poulton, Deputy Chief Officer – Strategic Commissioning & Redesign
Ben Cochrane, Divisional Director Dental Services;
John Taylor, Chair, Healthwatch Sandwell;
Dave Bradshaw, Healthwatch Sandwell.

1/20 **Minutes**

Resolved that the minutes of the meeting held on 18th November 2019 be approved as a correct record.

2/20 **Minor Surgery and Non-Obstetric Ultrasound Scan (Nous) Service**

The Board received feedback about the outcome of the public engagement undertaken, at two listening exercises in June 2019, regarding the future commissioning of Minor Surgery and Non-Obstetric Ultrasound Services (NOUS).

The Board noted that the Minor Surgery contract was coming to the end of its term and following a service evaluation the Strategic Commissioning and Redesign (SCR) Committee had agreed that services would no longer be required for the following reasons:

- the way the service was commissioned did not form part of a joined-up patient journey;
- the CCG could no longer financially sustain the service in the interests of protecting the public purse and using every pound wisely, and;
- the driver was to support Primary Care Networks to build on primary care services and enable greater provision of personalised, co-ordinated and more joined up care and social care for patients.

The Board noted the following comments and responses to questions: -

- The CCG had a statutory responsibility to ensure minor surgery provision for the 19 GP practices that did not sign up to the Minor Surgery GP Direct Enhanced Service (DES) during 2018/19;
- from April-September over 800 minor surgery procedures had been provided;
- the contract had ceased in September 2019 based on public choice for minor surgery procedures the patient could choose to be treated in one of the 16 GP surgeries that had signed up to the DES in 2019/20 and all surgeries had access to the provision;
- people were being re-routed from hospital outpatient appointments to existing provision in GP surgeries and were given a choice of times and flexibility (including weekends and evenings) from 25 organisations;
- minor surgery included joint injury (knees, elbows), skin tags, 'lumps and bumps' and other similar procedures;
- people had choice to go to other service providers they did not have to go to the Primary Care Network(PCN).

The Chair thanked the CCG and officers for their responses to questions.

Resolved:

Health and Adult Social Care Scrutiny Board noted the feedback on the outcome of the public engagement undertaken in relation to the future commissioning of Minor Surgery and Non-Obstetric Ultrasound Services.

3/20 **Harmonisation of Treatment Policies (phase 3)**

The Board received a report, 13 draft policies and a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG). The report and presentation outlined the main messages from the recent engagement process with public patients and clinicians, and Members were invited to give consideration to the 13 (phase 3) draft clinical treatment policies and comment.

The Board noted that the policies were due to be implemented from 1 April 2020. The Board was advised that the National Health Service (NHS) had finite resources and had to ensure that the best evidence-based treatments were undertaken, the best clinical outcomes were attained, and that the best value treatments were commissioned for patients.

The Board noted that the review and development of Clinical Treatment Policies was to ensure:

- that policies had the most up to date published clinical evidence;
- that the variation in access to NHS funded services across Birmingham, Solihull and the Black Country brought to an end;
- that there was fair and equitable treatment for all local patients whilst considering the needs of the overall population and evidence of clinical cost effectiveness.

The Board had previously considered, and endorsed, 21 (Phase 1) commissioning policies launched in November 2017, and 22 (phase 2) commissioning policies launched in April 2019. The 13 draft policies appended to the report would complete the suite of commissioning policies.

The Board noted the following comments in response to questions:

- there had been engagement with the public, specific patient groups, clinicians and community events. Engagement had proven more successful when targeting specific patient groups;
- responses had been used to inform the draft clinical treatment policies that reflected local people and communities, and undertook to avoid the ‘postcode lottery’;
- the engagement exercise had highlighted that quite often patients were unsure about clinical treatments. CCG had worked closely with patient groups to enshrine current clinical practices rather than make large change;

- the NHS Policy Plan looked to align the whole country to treatment policies, to cease doing things unnecessarily that may have been done for years but where clinical evidence demonstrated that it could be done another way or not at all. An example of removing children's tonsils was given as a practice that was once a popular way to reduce tonsillitis, but that limited clinical evidence had been found to demonstrate the benefits of removing tonsils and therefore the service was no longer necessary;
- other services could be beneficial, such as liposuction in patients with lymphedema. The service had been trialled on 100 patients to evaluate the safety and that effects were long lasting. Initial findings were promising but there was more research to do, therefore it could not be rolled out until clinical evidence was available;
- the Board recognised that each local community had a different population, demographic and need and that some older communities may want more money to go towards hip surgery rather than services such as liposuction;
- Healthwatch voiced concern that finance lay underneath the policy review with an aim to decommission services, they asked for reassurance that consultation would be open and transparent. The Board was reassured that the review of specific local issues was not part of NHS England remit and that the majority of priorities for surgical interventions would depend on CCG priorities depending on demographics and locality;
- the Board was also reassured that the specialist clinical practitioners were in support of the review of policies and that autonomy was not being taken away from the specialists. It was clarified that not all surgeons were as up to date with processes as colleagues and that the review would take account of the need to include all patients;
- The Board was assured that minor surgery could be carried out in exceptional circumstances in GP surgeries and that the review was not about saving money, but more focus was on stopping practise and procedures that did not work and concentrate on available resource for the things that would work.

The Chair thanked officers for their responses to questions and clarification of matters in the report.

Recommendations

That the Cabinet Members for Living Healthy Lives:

(1) note the contents of the Executive Summary and the accompanying suite of documents;

(2) note the engagement process with public, patient and clinicians;

(3) note Sandwell and West Birmingham CCG's Strategic Commissioning & Redesign Committee's recommendation to CCG's Governing Body to approve all Phase 3 policies;

(4) note final approval received from CCG's Governing Body on 8th January 2020 for Phase 3 policies and the intention to implement from 1st April 2020;

(5) note BSOL CCG's Clinical Policies Sub-Group Committee's recommendation to the CCG's Governing Body for approval of Phase 3 policies;

(6) endorse the 13 Phase 3 clinical treatment policies to be implemented from 1st April 2020.

4/20 **Proposed Change of Location for Dental Services under General Anaesthesia for Children**

The Board noted an update from the Divisional Director Dental Services relating to the proposed change of location for provision of Dental Services under General Anaesthesia (GA) for Children from Sandwell General Hospital to Birmingham Dental Hospital in 2022.

The Divisional Director Dental Services advised that since the Board had been advised of future changes to services in 2017, a temporary theatre had been provided in Birmingham Dental Hospital which provided services to Sandwell General Hospital and Walsall Manor Hospital. There was an intention to build a new Dental Hospital next to the existing one because alternative provision could not be secured at Sandwell or Walsall.

The Board noted that the provision of bespoke theatres for Dentistry at Birmingham was in the advanced stage of planning. The benefits

of bespoke facilities for Dentistry would be better services for paediatrics and adults, the increase theatre capacity and reduced waiting lists.

The Board noted that this was a planned replacement and that guidance had changed over the years. In response to questions the following was noted:

- there were problems around waiting lists and waiting times across the West Midlands;
- there were plans in place to prevent the need for dental services for children in the form of preventative work to reduce trips to the dentist;
- the service wanted to improve the standard of dentistry across the area and to make sure that all children receive the same offer;
- Community Development Nurses traditionally referred children to dental services but there was a tendency for them to be put back due to other priorities in the NHS and would have to wait for treatment. The dental hospital aimed to reduce waiting times by putting extra resource and expertise into the service;
- clinicians were heavily involved in the consultation process to move to one bespoke dental service at Birmingham;
- the restructure of Dental Services at Sandwell had been difficult because of the relationship with the hospital, dental services tended to take 'a hit' when winter pressures and priorities hit. At the new facility winter pressures would not have the same impact;
- Members voiced concerns that young people may have to travel up to 15 miles for a dental operation. The Board was assured that the children who require specialist dental treatment would not be required to travel by public transport. A better contract with Walsall Manor hospital and the dental hospital would mean that not all patients would have to travel as far for treatment, but it was recognised that there were not enough theatres, and some would have to make the journey.

The Divisional Director assured the Board that dental services did not want to withdraw the service and that Sandwell Hospital would maintain a level of service. Further assurance was given that when the dental services moved to Birmingham residents would not get cancelled due to winter pressures. He recognised that it may be a little inconvenient for some but welcomed that both children and adults would be supported at the new facility.

The Board made the following comments in relation to the proposed change of location for dental services under General Anaesthesia for Children:

- that the gains of moving to the new facility significantly outweigh the distance patients may have to travel;
- that the Board was mindful of the distance some patients would need to travel, but that there was the opportunity to see if the patient was eligible for transport costs;
- that it would be beneficial to have regular staff that wanted to work in the service and have a centralised service and dedicated team.

Resolved

That the Health and Adult Social Care Scrutiny Board received the update and comments of the Board be forward to the Cabinet Member for Living Healthy Lives.

5/20 Walk in Centre

The Board was notified that NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG) was carrying out a listening exercise from 6 January to 14 February 2020 relating to the future of the Summerfield Urgent Care Centre in West Birmingham and the Parsonage Street Walk-in Centre in Sandwell.

It was highlighted by Healthwatch that people were directed to the webpage to complete their comments on the form provided, but that there was no information or description about the current position or proposed way forward on the webpage to inform them.

It was agreed that officers would write to SWB CCG to advise them of the issue and request that appropriate steps be taken to include information about the proposals for the public to consider before submitting their comments.

(Meeting ended at 7.12 pm)

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Sandwell Metropolitan Borough Council

Agenda Item 5

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

06 July 2020

Subject:	**COVID-19 Reset and Recovery Planning- Update and Data Review**
Contribution towards Vision 2030:	
Report	Lisa McNally, Director of Public Health Stuart Lackenby, Director of Adult Social Care

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Agrees how this panel can best help shape the Council's reset and recovery planning.
2. Considers how this panel may assist in public engagement and awareness.
3. Takes further updates as appropriate and considers single issue (item focused) meetings to address successes or concerns.

1 PURPOSE OF THE REPORT

1.1 To provide an update to the panel on the Council's Reset and Recovery Plan and the significant progress to date in responding to the Covid-19 pandemic.

1.2 To provide members with an opportunity to consider the council's future approach and current planning measures.

1.3 To provide an update of current health data and available data trends.

1.4 To consider the effectiveness of the council's incident response mechanisms in relation to Covid -19.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 On the 27th May 2020, the Emergency Committee approved the council's approach to the Recovery and Reset Plan. This set out the political, financial and social context within which the council will need to plan its recovery. The report stated that the development of the recovery plan will be driven by the strategic outcomes set out in Sandwell Council's Corporate Plan "Big Plans for a Great Place for the People of Sandwell", as agreed on the 10th March 2020.

2.2 On the 10th June this panel held an informal session to help shape the agenda of future meetings and considered the key issues to be addressed. This meeting was supported by colleagues from Public Health, Sandwell & West Birmingham NHS Clinical Commissioning Group and Adult Social Care.

2.3 With agreement from the Chair and following consultation with the relevant Directors it was agreed that an up to date situation briefing be provided to this panel on the 6th July 2020.

3 BACKGROUND PAPERS

3.1 COVID-19 Reset and Recovery Planning - papers considered by Emergency Committee on 27th May 2020: https://cmis.sandwell.gov.uk/cmis5/Meetings/tabid/73/ctl/ViewMeetingPublic/mid/410/Meeting/37621/Committee/6046/SelectedTab/Documents/Default.aspx

3.2 Big Plans for a Great Place for the people of Sandwell: The Sandwell Plan 2020-2025 http://www.sandwell.gov.uk/download/downloads/id/29963/corporate_plan_-_big_plans_for_a_great_place_for_the_people_of_sandwell.pdf

Surjit Tour
Director – Law and Governance and Monitoring Officer

Sandwell Metropolitan Borough Council

Agenda Item 6

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

06 July 2020

Subject:	**NHS Restoration and Recovery Plan- Black Country and West Birmingham CCGs**
Contribution towards Vision 2030:	
Report	Michelle Carolan, Managing Director & Jayne Salter Scott, Head of Engagement & Communications, Sandwell & West Birmingham CCG.

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Agree how this panel can best help shape the SW&B CCG's restoration and recovery planning.

2. Consider how the Sandwell aspects and impact of the virus pandemic response can be addressed through future meetings. Members are asked to consider opportunities to help provide assurance, as referenced in Appendix 6a (p27).

3. Consider how to respond meaningfully to forthcoming consultations on the shaping of future services.

1 PURPOSE OF THE REPORT

1.1 To provide an update to the panel on the NHS Restoration and Recovery Plan- Black Country and West Birmingham CCGs.

1.2 To provide an overview specifically in how the plan relates to the Sandwell local area and to outline the next steps towards the restoration of services.

1.3 **Appendix 6a** contains a background report prepared for this panel on 10th June 2020.

1.4 With agreement from the Chair, colleagues from the Sandwell & West Birmingham CCG will provide a fuller update at the meeting on the 6th July 2020.

Surjit Tour
Director – Law and Governance and Monitoring Officer

Report to: Health and Social Care Overview and Scrutiny Committee

Subject: Black Country and West Birmingham STP COVID-19 service changes – next steps

From: Black Country and West Birmingham CCGs

Date: 10th June 2020

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1. Introduction

COVID-19 has created an unprecedented situation, resulting in a national major incident and the greatest health and care challenge of our time. The Black Country and West Birmingham care system has responded to this challenge at significant pace. This has been to deliver both the nationally mandated changes from NHS England and Improvement (NHSEI), as well as local decisions, so that together we provide an effective and robust response to COVID-19 and deliver as many services as possible during this challenging time.

NHSEI issued a series of mandates instructing health and care systems to implement a series of immediate service changes, which have included:

- 17/3/2020 – a letter regarding 'urgent response'; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients as well as support staff and maximise their availability.
- 28/3/2020 - a letter regarding 'reducing the burden'; which identified the need to change current governance to facilitate the COVID-19 response, as well as standing down a range of performance reporting requirements.
- 14/4/2020 – a request from the regional NHSEI team to complete a service change baseline exercise, to understand material changes across the Black Country and West Birmingham services.
- 24/4/2020 – Guidance on the service change baseline letter and the emergency service change protocol and template linked to restoration and recovery.
- Specific guidance relating to particular services and COVID-19 enablers, which was published since the start of the COVID-19 period.

Alongside this, we have taken local decisions to ensure resilience amongst our services and workforce as well as minimising COVID-19 infection rates. Given the diverse health and wellbeing needs of our population, we have wherever possible continued to provide services, albeit in a different location or virtually through telephone and/or online services. However, inevitably the response to the crisis meant a wide range of services had to be either altered or suspended to protect the public, patients and our workforce.

2. Purpose of this report

The purpose of this report is to provide the Health and Social Care Overview and Scrutiny Committee with an overview of the local health care response to COVID-19 and to outline the next steps towards the restoration of services. The paper will cover the following four phases:

- Major Incident (service changes in response to COVID-19)

- Restoration of essential services (by mid June)
- Full restoration and recovery (to March 2021)
- System reset (2021/22)

3. Major incident

A single Incident Control Centre led by the CCG was established in March. The Incident Control Centre acts as the single point of control and communication for the four Black Country and West Birmingham CCGs.

A crucial component of the response to COVID-19 was modelling the predicted impact of virus on local service capacity to ensure that there is enough critical care hospital beds and staff available for the anticipated surge in demand.

In line with the guidance issued by NHSEI, the following changes were initiated:

- Scaling back, suspending and changing non-urgent, non-essential routine appointments to virtually/telephone appointments.
- Speeding up safe discharges from hospital.
- Block purchasing additional capacity from the independent sector.
- Adapting the General Practice service to ensure resilience and support vulnerable patients.
- Clinical prioritisation of vulnerable patients and those who require access to essential services.
- The CCG has suspended all non-essential face-to-face meetings and adopted virtual working where appropriate.
- CCG staff were redeployed to support key services, including NHS111 call handling, frontline care and testing stations.
- Established the COVID-19 Management Service for the West Midlands, to monitor patients with suspected COVID-19 at home with clinicians calling each person to check they are coping. The service also has access to the voluntary sector response to connect people who need social support if necessary.
- The CCG established a PPE supply chain to ensure that PPE gets to the right areas so that staff are protected, including Continuing Healthcare Teams, Swabbing Teams, COVID-19 Management Service, Trusts, Care Homes and the Urgent Treatment Centre.
- Ensured NHS provider staff including GPs, voluntary sector workers, care homes and council staff have access to Silver Cloud for Psychological advice and support.
- Communication support to ensure messages get out to support those experiencing domestic violence or child abuse. Campaign to encourage people to seek help when they need it and messaging to encourage people to look after each other and themselves.
- NHSEI also commissioned the NHS Nightingale in Birmingham.

We now enter a new phase, one where the virus very much remains a threat, where careful monitoring of cases and mobilisation of increased testing, tracing and treatment will be key. This new phase also marks the restoration of those services which have been affected by the response to the virus over the last few weeks.

Across the Black Country and West Birmingham, we are working with partners in our hospital, community and primary care services to ensure that all urgent services are there for people when they need them, to reassure the public that services are safe and to restore as many services as we can as quickly as possible.

4. Restoration of essential services

NHSEI has set an ambitious target to restore "essential" services for cancer, maternity, cardiovascular disease, stroke, general practice, community services, screening, immunisations, urgent and routine surgery by the 15th June. Full compliance with this target is dependent upon;

- maintain capacity within the system to continue to respond to Covid.
- the impact of the social distancing rule on service capacity,
- the implementation of any associated changes to our estate,
- the availability of personal protective equipment (PPE),
- timely and accessible swabbing of patients,
- the impact of COVID-19 on the workforce (sickness and deployment)
- the system's requirement to sustain the ability to respond to any future COVID-19 surges.

5. Full restoration and recovery

Now that we are past the initial major incident phase of the pandemic, restoring our services is a priority but it will present new challenges given the scale of impact and the ongoing need to curtain the spread of the virus. The system will need to carefully plan the restoration of services, reengineering how services are provided whilst ensuring they can respond immediately should there be a second surge of virus infections.

The key principles that we will follow as a system in both restoration and recovery are:

- We retain resilience to respond to the current COVID pandemic;
- We provide the safest and most effective care possible;
- We do everything we can to minimise non-COVID excess mortality and morbidity;
- We support the vulnerable in our community;
- We maximise our ability to address the inequalities in health in our population;
- We restore our ability to meet the NHS constitution standards;
- We help our staff recover from managing the pandemic and its consequences on mental health and wellbeing;
- The positive improvements we make during the pandemic are evaluated, improved upon and implemented across our whole system; and intended improvements will be accelerated;

To oversee this process of restoration and recovery the system has established a steering group to review, implement and report in accordance with the national guidance. The group reports the STP Board, which has representation from all the key system partners and will co-ordinate:

- The collation and maintenance of a full list of service changes and restorations made during the different phases of the pandemic (Appendix 2). This will include reviewing whether changes should be permanent for the restoration and recovery period or beyond.
- Review the risks, interdependences, quality and equality impacts arising from restoration and recovery. This will need to be reviewed at a system level, so that we do not compromise the ability of our wider system to operate effectively and safely during the pandemic, particularly considering the ongoing risks for social care, care homes and the independent sector. This will also need to include considerations regarding how the public

use services in the future, so that we do not overload some parts of the system, only to have considerable knock-on effects in others.

- Bring further updates on progress to the Health and Social Care Overview and Scrutiny Committees to ensure appropriate oversight and engagement.
- Continue to brief and communicate with other stakeholders and the public.
- Review the lessons learned from this state of emergency, to maximise learning from within our system
- Seek the views of our patients, public and key stakeholders

Services will be assessed by use of an Impact Assessment Tool developed by NHSE/I designed to enable a clinically led evaluation of the COVID-19 service changes. Service changes will be assessed against its impact on patient safety, clinical effectiveness and clinical outcomes.

Service changes that can demonstrate a positive impact compared to the pre-COVID service model will be considered for long term adoption. Service chances that do not improve patient safety, clinical effectives and patient outcomes will be restored to its previous form.

We have commenced discussions with HealthWatch from each Borough to assist in the development of our Recovery Strategy and approach to system reset described below.

During COVID-19 access to services were extremely limited, as a result waiting lists have grown and performance against national targets have reduced (similar to the rest of the country). As part of the recovery process the system consider how it will rectify the position. Capacity and demand modelling will be completed within the next month, providing a System view about how long it will take to return to pre-COVID performance. The capacity and demand modelling will enable the system to run a range of scenarios describing how long it will take to be able to recover to a pre-Covid position in the safest and most timely manner.

6. System reset

When services have been restored and plans for recovery agreed, we want to ensure the Black Country and West Birmingham system learns from the pandemic and the innovations we have seen are retained in a manner that meets both system and public expectations. This will include the continuation of the use of digital and other non-face-to-face consultations where appropriate as well as the way the CCGs and providers operate.

We will therefore be working on what the ‘System Reset’ looks like from the start of next financial year

We anticipate this to include:

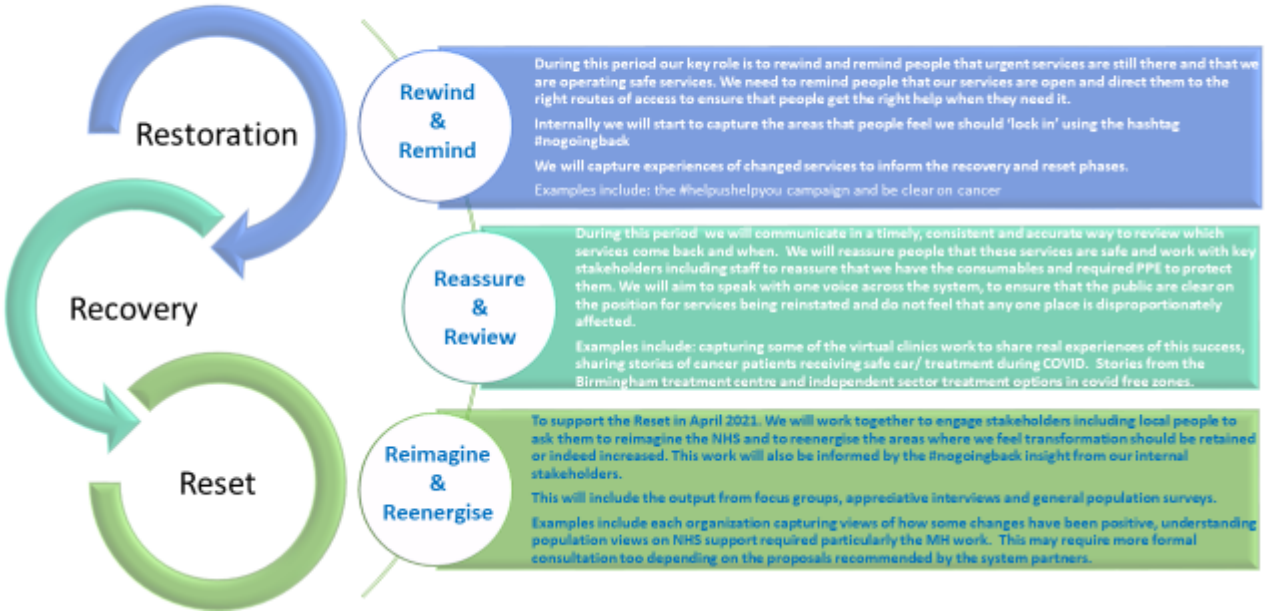
- a new population-based financial regime that supports our new ways of working and our approach to ICPs working together within our STP/ICS;
- Our STP/ICS delivers materially better quality and outcomes and has a more resilient infrastructure and is better governed

7. Engagement and Communication Plan

The STP partners have greed the following principles for any communications and engagement:

- Inform and involve all stakeholders our vision for improved and joined-up health and care for our population.
- Speak with one voice – Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and to a shared agenda • Celebrating successes-respecting each organisation's priorities to improve health and care within their populations we will seek to celebrate success at a place and organisational level and view these as successes for the partnership as a whole.
- Seek every opportunity to positively raise our local profile – By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- Planned to ensure our activities are timely, coordinated and are regularly reviewed to ensure effectiveness.
- Professional – Ensuring our delivery is based on high quality standards and informed by best practice, enhancing the collective reputation and value of communications and engagement as a key system transformation enabler.
- Community-to use our collective skills to build a supportive communications community, providing mutual support to organisations, either be in times of crisis or sharing and promoting of each other's initiatives / achievements.

There is a Communications and Engagement Plan developed and being activated by each organisation, building on the national 'Help us Help You' campaign to bring people back to services and support the three phases in the following ways:



8. Conclusion.

Since March 2020 the Black Country and West Birmingham care system has undergone unprecedented change in respond the COVID-19 major crisis. The threat has not gone away but as the crisis de-escalates, the system needs to start the process of restoration and recovery.

Appendix 1

Service Change Baseline (June 2020)

The following is a breakdown by of the service changes that occurred during the COVID-19 major incident.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
ENABLERS		
Digital Systems	STP Partners	Rapid escalation of existing plans to adopt more remote and agile working for staff across all STP partners.
Digital First - community consultations	Primary Care and community services	Virtual consultations, video, phone etc
Digital first - OPA and consultations	STP Partners	outpatient service
URGENT		
Primary Care	All CCGs	Rapid escalation of existing plans to adopt digital access, video consultations and triage
Primary Care	All CCGs	Establishment of COVID "hot sites", where suspected infected patients can seek primary care
First Responder	111/Ambulance	Rapid escalation of existing plans to improve hospital avoidance, linking to community services and consultant advice and guidance
Acute Trusts	A & E	Development of new operating models to manage flow and demand, including working with community services and providing guidance

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
COMMUNITY		
istrict Nurses /community therapy/ admission avoidance	All Trusts	Patients were prioritised. At vulnerable/risk patients were seen at home. Stable non vulnerable patients were offered virtual appointments. Staff were redirected to provide in-reach to support discharges and care homes.
End of Life	Community Care	continued to provide end of life care, improved hospital discharge and community support offer (enhanced community care bed support)
Maternity	Trusts	Maternity services continued to be fully operational however no partners were permitted to attend births or antenatal appointments or scans. Home births were suspended. Women discharged asap within 2hrs if safe to do so. Virtual Ante natal classes. Virtual Tour available. Perinatal Mental Health virtual clinics available.
Sexual Health Services	Providers	all OP appts virtually, area open for patients to collect contraception and medications

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
Out patient and in patient services		
Anticoagulant Services	Trusts/community	All patients telephoned and pre-screened for symptoms prior to their appointments. Community clinics continued however capacity reduced. Vulnerable patients supported by home visits and switching of medication to suitable alternatives.
Long Term Condition Out patient appointments	Trusts/community	All non essential outpatients cancelled, essential appointments converted to virtual consultations. Essential face to face appointments continued.
Cancer (out patient and in patient)	Trusts	NHSE national guidance was followed. Additional capacity was secured via the independent sector. Tertiary referrals continued and urgent cases were clinically triaged and treated.
Oncology	Trusts	Chemotherapy continued in line with national guidance. No face to face outpatients with exception of any patients triaged on a case by case basis by Consultant/Specialist Nurse. Treatment provided in non COVID environment and independent sector.
Cardiology	Trusts	Emergency treatment, diagnostics and rapid access to chest pain assessment continued. All elective and outpatient activity was prioritised for clinically urgency. New referrals were reviewed, and virtual consultants conducted
Stroke Rehabilitation in patient beds	Walsall Trust	Stroke rehabilitation beds transferred to community setting
Trauma & Orthopaedics	Trusts	All outpatient activity being undertaken as virtual clinics. All routine surgery suspended, only trauma electives/day cases continued.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
PRIMARY CARE		
Multidiciplinary Team meetings	All CCGs	face to face meetings suspended.
local enhanced services	All CCGs	suspended so that Primary Care can focus on COVID and sustaining core primary care services
primary care working collectively at scale	All CCGs	Primary Care Networks worked collectively to deliver resilient primary care, including: sharing buildings and teams.
Total Triage	All CCGs	Virtual consultations/triage
Remote Care Home ward round	Primary Care	Escalation of existing plans to increase virtual access. Virtual ward rounds undertaken via telephone/video
THIRD SECTOR/INDEPENDENT COMMUNITY CONTRACTS		
All non statutory contractors	All CCGs	Where appropriate services were diverted to support the COVID 19 major incident, to support people in the community.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
MENTAL HEALTH		
Crisis Café	Mental Health providers	service suspended, virtual access to psychological support in place
Counselling and education services	Mental Health providers	Moved to telephone counselling with staff working from home plus calling all people on the waiting list.
Non-essential services	Mental Health provider	All non-essential services stood down and staff diverted to support Covid response
		• The Carers Team is still operational and providing telephone contact and advice. A letter and monthly newsletters has been sent to all carers with details of what support is on offer whilst self-isolating and social distancing. Face to face support is offered only in a Crisis.
		• All therapeutic groups stopped, and alternative arrangements put in place to contact over telephone.
		• All face-to-face activities risk assessed for alternative approaches within all teams including out-patients.
		• All older inpatient provision relocated to Edward Street Hospital, leaving no older adult inpatient ward in Wolverhampton.
		• Identified Hallam 136 suite as 'Red' suite for patients with symptoms and Wolverhampton 136 suite as 'Green' suite.
CYP Community	Mental Health provider	• Bladder scanning and urinalysis ceased in continence team.
		• Cessation of new assessments in continence team due to service depletion generally exacerbated by COVID-19.

Appendix 2

COVID-19 Restoration, Recovery and Reset Communications Plan

Black Country and West Birmingham

Introduction

On 30 January 2020, the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. Then, on 17 March, NHS England and NHS Improvement wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

As we are now coming through the peak of hospitalisations, we are entering the second phase in the NHS's response. Simons Stevens' letter of 29 April 2020 on the Second Phase of the NHS Response to Covid-19 outlined this work, including our immediate actions for restoration, recovery and reset.

Nationally, the NHS must restore emergency services as soon as possible, look at how we can increase our elective work safely during recovery, and also look at the elements that we want to 'lock in': those areas where we have made great strides towards positive transformation that we simply don't want to lose. These three phases are **restoration**, **recovery** and **reset**.

This framework outlines the plans for the local communications and engagement response to COVID-19 Restoration, Recovery and Reset (RRR) in the Black Country and West Birmingham system (BCWB).

The BCWB NHS system comprises: Black Country Healthcare; Dudley Clinical Commissioning Group (CCG); The Dudley Group NHS Foundation Trust; The Royal Wolverhampton NHS Trust; Sandwell and West Birmingham CCG; Sandwell and West Birmingham NHS Trust; Walsall CCG; Walsall Healthcare NHS Trust; Wolverhampton CCG. We also host West Midlands Ambulance Service and NHS 111 for the West Midlands region.

Aim

The strategic aim of this communication plan is to ensure that the BCWB communications and engagement community works together to maximise the opportunities to communicate and engage successfully during the restoration, recovery and reset phases as outlined in the NHS England letter of 29 April 2020.

Approach

Capitalising on our collective strengths in successful local relationships and networks with local organisations, BCWB communications and engagement colleagues will combine efforts and communicate through our channels with one voice in accordance with the following principles, as agreed in the STP Communications and Engagement Strategy:

- **Inform and involve:** We will inform and involve all stakeholders in our vision for improved and joined-up health and care for our population
- **Speak with one voice:** Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and a shared agenda
- **Celebrating successes:** We will respect each organisation's priorities to improve health and care within their populations and we will seek to celebrate success at a place and organisational level. We will view these as successes for the partnership as a whole.
- **Seek opportunities to raise our local profile:** We will seek every opportunity to positively raise our local profile. By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- **Planned:** We will plan our activities to ensure they are timely, coordinated and regularly reviewed to ensure effectiveness.
- **Professional:** We will ensure that our delivery is based on high quality standards and informed by best practice, enhancing the collective

reputation and value of communications and engagement as a key system transformation enabler.

- **Community:** We will use our collective skills to build a supportive communications community, providing mutual support to organisations in times of crisis and sharing and promoting of each other's initiatives and achievements.

Engagement

Throughout the restoration phase, the system will work together to capture the experiences of patients using services in a different way during the pandemic to inform the engagement plan for the **recovery** and **reset** phases.

Engagement Leads will develop a plan explaining how we will involve stakeholders, patients and the public in the next two stages (**recovery** and **reset**) of delivery by the end of May. This plan will ensure that local people have a say in the reimagined and re-energised NHS, and work is already underway to capture experiences of those using and delivering services in new ways.

This engagement presents a really important opportunity to reflect, to take stock of the pandemic impact on real lives and share through lived experiences of using the NHS during the Covid-19 pandemic. It is crucial that this work includes engaging with 'hard-to-reach' or seldom-heard communities.

More detail on engagement plans can be found in **Annex 2**.

External Communications

The communications and engagement response to COVID-19 Recovery, Restoration and Reset (RRR) will target all adults. However, specific messages to target particular audience segments will be developed for each phase.

Lockdown measures may present a number of challenges to external communications methods. During lockdown, our delivery methods will focus on our general population accessing social media, online media, household publications, printed newspapers and radio.

Throughout the three phases, we will seek ways to expand our reach via a variety of communications tactics. This includes using communications tactics that enable us to reach hard-to-reach communities, including stakeholder news, working with Local Authorities to use their channels, effort to produce materials in community languages and easy read formats and an effort to not just focus on social media channels. Our engagement teams also have planned work to engage those most hard to reach in our communities (see **Annex 2**).

This plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Internal Communications

Regular internal communications with clear and consistent messaging will be crucial for the success of our response to Covid-19 Restoration, Recovery and Reset.

Staff have been and will continue to be at the frontline of changes. They are therefore key to capturing views. Additionally, as the ‘face’ of the NHS, they have a key role in communicating reassuring messages to the public.

Across the BCWB system, each of our organisations will carry out regular, two-way communications with staff and other internal stakeholders to ensure that they are brought with us on this journey and that they have an opportunity to influence the response. This will include sharing stories of service change successes, providing updates on the response to date and inviting input and feedback on changes that have or should take place. Senior leadership will front important messages and announce opportunities for listening activities related to the response where appropriate.

Two-way and open channels of communications will be explored to ensure that staff have the opportunity to have their say and have confidence in the fact that they are being listened to. We must also ensure that staff feel safe at work and supported to raise any issues.

Phase 1: Restoration

During the restoration period, our key role is to **rewind** and **remind** people that urgent services are still available and that we are operating safe services.

Communications will focus on reminding people that our services are open, directing them to the right routes of access to ensure that people get the right help when they need it. Internally we will start to capture the areas that people feel we should 'lock in' using **#NoGoingBack**. We will also capture experiences of changed services to inform the recovery and reset phases. Patient and public communications will align to the national 'NHS Open for Business' Campaign, under the branding of **#HelpUsHelpYou.**

To combat future communication needs (both locally and nationally), the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

To ensure maximum impact, where possible, we will use insight to shape the campaign messaging and approach. For example, insight into cancer referrals by type of cancer will be used to shape messaging regarding signs and symptoms.

Key to this campaign activity is the opportunity to bring these messages alive with real people stories, so the communications and engagement community will seek to identify, follow up and share real people stories to maximise campaign impact.

See **Annex 1** for details of Phase One activity.

Phase 2: Recovery

During the recovery period, our key role is to **review** and **reassure**. We will review which services come back and when, and we will reassure people that these services are safe. We will work with key stakeholders, including staff, to reassure them that we have the consumables and required PPE to protect them. We will also continue to keep staff and internal stakeholders up-to-date on the recovery phase and service changes.

We will aim to speak with one voice across the system to ensure that the public is clear on the position for services being reinstated and do not feel that any one place is disproportionately affected.

Examples of this reassurance activity includes capturing and sharing real experiences of service change success; demonstrating changes to infrastructure (e.g. new wards) that show we are ready to treat people safely; and sharing stories of patients receiving safe care and treatment during the pandemic to share with the public.

Many of the service changes that the system and/or organisations might want to retain will require engagement activity to be undertaken to support these changes. The approach to this activity will be outlined in the engagement plan.

Each place will generate a unique hashtag to communicate messages to patients, public and staff about services coming back online. Further messaging will be developed throughout the restoration phase.

Phase 3: Reset

Phase 3 will support the reset in April 2021. During this period, our key role is to work together to engage stakeholders, including local people, to help us to **reimagine** the NHS and **re-energise** the areas where we feel transformation should be retained or increased.

This work will also be informed by the **#NoGoingBack** insight from our internal stakeholders as outlined in the Phase 1 section above, as well as the output from focus groups, interviews, general population surveys and other engagement methods.

Examples of how reset communications and engagement activity may be undertaken include capturing how service changes have been positive; seeking population views on NHS support; seeking staff and stakeholder feedback on service changes; and potentially formal consultation on service changes, subject to the proposals recommended by system partners.

Patient and public communications will be shared using the hashtag **#NewNormal**

Governance

The Black Country and West Birmingham NHS Communications and Engagement Community will meet weekly to report and reflect on the delivery of this plan and to ensure that the community is adhering to the overarching principles within it. These meetings will ensure that communications are coordinated and consistent – though tailored to each place – and will allow for the sharing and adoption of best practice activities. This weekly call includes representation from the STP communications lead (Laura Broster) and engagement lead (Jayne Salter-Scott). The STP Senior Responsible Officer sits on the partnership board where key decisions are made.

Additionally, a system call including NHS and local authority communications representatives meet weekly to coordinate communications and to work together to amplify messages where possible.

Budget

Budget for this campaign activity will come from existing communications resources.

Annex 1: Phase One overview

Help Us Help You Campaign Introduction

The coronavirus pandemic has resulted in a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus. This appears to be affecting:

- adults and children attending at A&E departments for urgent and emergency medical issues, including serious conditions such as stroke and heart attacks

- cancer patients attending their ongoing treatments
- expectant mothers attending for regular scans.

The NHS ‘Open for business’ campaign has been created to help address this issue by giving people permission to access NHS services and reassuring them that they won’t be a burden on the NHS.

Public Survey

- 15% of people would not attend hospital if they or a member of their family needed urgent care and 45% have some concerns.
- 44% are concerned with catching the virus and bringing it home to loved ones.
- 41% are worried of contracting it.
- 29% are also concerned about being a burden on the hospital.

Aim

The strategic aim of the NHS ‘Open for business’ campaign is to increase the number of people accessing NHS services for non-coronavirus medical issues when they have a medical need or have been instructed to.

Audiences

The primary audience for this campaign is all adults. However, specific messages to target particular audience segments have been developed with data on these audience groups:

- Cancer patients
- Those most vulnerable to heart attacks and strokes
- Mental health patients
- Parents with young children
- Pregnant women
- Patients with learning disabilities or autism

Locally, we will also be carrying out communications activity to support vulnerable groups, including:

- people with a worrying symptom that could be cancer
- shielded patients
- those at risk of domestic abuse
- those at risk of child abuse.

Local delivery

As well as the emphasis on access to urgent and emergency care, the BCWB CCGs want to enhance messaging to encourage access to general practice – addressing emerging communication needs such as childhood immunisations. To combat future communication needs (both locally and nationally) the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Creative and key messages

Under the 'Help Us Help You banner, a range of key messages and visuals have been developed, further supported by news releases. These will be updated as and when national materials are released/there is a local need. In addition, key messages have been translated into a range of community languages spoken across the BCWB.

Communications Methods

During lockdown, our delivery methods are focused on our general population accessing:

- Social media
- Online media
- Household publications
- Printed newspapers
- Radio

For our more targeted audiences there is a need to identify a number of staffing groups and organisations that are providing care, support and advice to these audiences – for example:

- Domiciliary care providers

- community and voluntary sector organisations, in particular those delivering worried well calls, shopping tasks, medicine deliveries
- Advocacy services – LD and Autism / Mental Health
- Community midwives
- Health visitors
- School Nursing Teams
- Social workers
- District nurses
- Community Pharmacists
- Community Mental Health Teams (both adults and children)
- Health specific support groups – cancer, mental health, LD, Autism.

National timetable

- **W/C 27 April** – Cancer / Immunisations and Vaccines
- **5 May** – Maternity, (International Day of the Midwife)
- **13 May** - Mental Health
- **14 May** - Stroke
- **15 May** - Heart attack (subject to change)
- **18 May** - Learning Disability
- **21 May** - Electives
- **25 May** - Children and Young People
- **27 May** - Changes in primary care
- **29 May** - Shielded groups

Communications Delivery Methods and Actions

Delivery Method	Communications Action	Status
Social Media - Utilise influential social media channels across the health and care partnership and beyond – those accounts that have a population following (predominately on Facebook) ● Councils ● Police / Neighbourhood Policing Teams ● Resident owned Community/Neighbourhood Groups	**Clear call to action on BCWB system comms calls** **Request support from police colleagues through SCG comms group** **CCG leads in each place to liaise with council comms to understand what community forums can be utilised.**	
Online Media – Express and Star online likely to be accessed by large proportion of population – utilise advertising space on health pages of the site.	**Option/Budget to be explored following delivery of less resource intensive methods**	
Household publications – promotional space to share campaign creatives / potential editorial feature. Council owned / community updates/pages / parish newsletters	**CCG leads in each place to liaise with council comms to understand what community publications can be utilised.**	
Printed Newspapers – Express and Star advertising.	**Option/Budget to be explored following delivery of less resource intensive methods.**	

Community Radio – advertising, recorded/live interviews Mainstream stations: Black Country Radio, BBC WM, Free radio, Capital, Smooth West Mids, Heart West Mids ● Raaj FM (Asian Radio Station) ● Ambur Radio (broadcasting in English, Hindi, Punjabi, Urdu, Bengali, Gujrati)	**CCG leads in each place to scope community radio stations in their area, working alongside health and care partners**	
BCWB Health and Care - Utilise internal/external communication channels across partner organisations: ● Patient/neighbourhood mailing lists ● Internal staff newsletters ● GP practice social media accounts / text service to patients	**System comms leads to identify channels to utilise** **CCG leads in each place to liaise with primary care colleagues to understand access to text service / number of practices who have social media accounts**	
Diverse communities – based on top five languages in each place, explore digital communication channels to share translated materials. ● Black Country Refugee and Migrant Centre.	**CCG leads in each place to explore digital channels, linking in with engagement colleagues**	

Other targeted advertising – Facebook Instagram	**Option/Budget to be explored following delivery of less resource intensive methods**	
Community / Advocacy Groups / Health specific support Groups	**CCG Engagement Leads to explore community contacts.**	
Review Primary Care data to monitor campaign performance: ● have we seen an increase in appointments for non-covid issues ● have we seen an increase in apts / numbers of babies/children receiving routine immunisations/vaccinations ● have we seen an increase in acute referrals for cancer investigations	**Rob Franklin, CCG Primary Care to supply data**	

Phase one - Restoration - Weekly Activity Planner

Theme/Message	Audience	Activity	Comments
April/May Cancer encouraging people to seek healthcare advice if they have cancer symptoms	General public	• Press release ***completed added to Cancer Toolkit*** • CRUK Cancer Symptoms video promotion – ***completed added to Cancer Toolkit*** • Social Media Posts – ***completed added to Cancer Toolkit***	FURTHER ACTION Localised Cancer messaging will follow around: Upper GI, Colorectal, Lung, Prostate and Ovarian Cancer
13 May / W/C 18th Mental Health Awareness Week Mental Health Encouraging people to access 24/7 Black Country mental health support line.	General public/ those accessing MH services/ those struggling with MH	• Michelle Carr to lead on comms messaging with the support of Claire Austin (Dudley ICP comms lead) ***– update to be provided on RRR comms call Mon 18 May*** • Social Media Pack - ***completed added to Mental Health Toolkit***	

14 May Stroke Encouraging people not to ignore stroke symptoms during COVID-19.	General public	• Press release with quote from local Stroke Association - ***completed added to Stroke Toolkit*** • Social Media Pack ***completed added to Stroke Toolkit*** • Scope secondary care patient case study ***– DGH to share video of consultant promoting think F.A.S.T message for adding to the Stroke Toolkit*** • Accompanying visuals / guidance materials – ACT fast / Stoke Association guidance - ***completed added to Stroke Campaign Asset Zip File***	
4 week Global Radio Campaign Capital Birmingham Heart West Midlands Smooth West Midlands	All adults	30 second HUHY adverts - 707 spots across 3 stations 1,853,000 reach	

15 May Heart Attack	General public	TBC	
18 May Learning Disabilities / Autism	People with LD and/or Autism	TBC	

Annex 2: Engagement Plan

Our Approach to Engagement

In the past few weeks, the coronavirus pandemic has changed all our lives considerably, transformed our views of what is important, and posed a considerable challenge to our health and care services.

In line with our overarching principals and as part of our ongoing work to respond to the pandemic, we have developed a high-level engagement plan to ensure that we keep our stakeholders including our GP members, staff and patients informed, involved, and engaged.

We are extremely keen to understand the experiences of all concerned during the pandemic and the impact it is having on people's lives both personally and

professionally. It is imperative that any future Restoration, Recovery and Reset of local NHS services is underpinned and driven by patient experience.

We know that there are many vulnerable people living in our communities who may be less able to help themselves in an emergency than self-reliant people. Whilst this will continue to be the case during a pandemic, the impact of a pandemic may also mean that there are more individuals and groups who become temporarily vulnerable. Our engagement plan seeks to reach to those individuals or communities, and the organisations who are supporting them during this period. Which is why our plan will seek to reach out to a wide range of individuals and communities, including but not exclusively:

- People with a sensory impairment
- People whose first language is not English
- People who live alone
- Older people
- Those who are clinically at risk (shielded patients, people with LTCs etc)
- Those who are not registered with a GP e.g. Homeless people, Travellers etc.
- Those in residential establishments (residential homes, prisons, nursing homes, sheltered accommodation, etc.)

The outcome of these conversations and the views expressed in completed questionnaires will be used to ensure that we provide the safest and most effective care possible, that we support the most vulnerable people in our communities and will maximise our ability to address the inequalities in health which exist in our population, and are used to restore and reset the NHS services locally in line with the people who use the services now and in the future.

We will be using the messages developed by our communications colleagues to ensure that local people know that NHS services are open and safe to use. The coronavirus pandemic has resulted in people accessing health services differently, we need to ensure that through effective dialogue we begin to explore what people

think about the new ways of accessing services. So that want we begin to restore services to '**the new normal**' it reflects the views of people who have used the them during the pandemic. It is also part of our plan to continue to reassure and rebuild local confidence in the NHS. We are aware that people are presenting too late with CVD issues, or not presenting in the case of symptoms around Cancer. Our plan will support our communications colleagues to get these important messages out there, that the NHS is open for business and is taking the right precautions to keep people safe when they need to access services during the coronavirus pandemic.

Engagement Plan

Audience Type	Stakeholder Group	Activity	Responsibility
Involve and Engage	Staff	Create a co-produced Staff Communications and Plan Hold a series of staff workshops (using Microsoft Teams)	HRD Staff Communication and Engagement leads Chairs of Staff Council
Inform	Health and Adult Social Care Overview and Scrutiny Committee's	Presentation & Report Virtual Meetings and Workshops	DAO MD's in place
Inform	Health and Wellbeing Boards	Presentation & Report	DAO MD's in place

		Virtual Meetings and Workshops	
Inform	MPs	Briefing Papers Offer virtual meetings	AO
Involve and Engage	Healthwatch	1:1 Stay in Touch calls Collaborate on joint ventures e.g. surveys, workshops	Engagement Leads
Involve and Engage	GP Members	Newsletters Briefings MTs Virtual Meeting 1:1 Conversations Surveys	Communications and Engagement Leads
Involve and Engage	Voluntary, Community & Social Enterprise Sector	1:1 Stay in Touch calls Collaborate on joint ventures e.g. community and condition specific workshops and focus groups.	Engagement Leads

		Picking up service redesign and co-production MTs virtual meetings	
Involve and Engage	Patient Groups e.g. PPGs	MTs/Zoom calls/workshops/Focus Groups on service redesign/ co-production Patient Experience Surveys Mystery Shopper	Engagement Leads
Involve and Engage	Citizens/Local People (general)	MTs/Zoom calls/workshops/Focus Groups Patient Experience Surveys Mystery Shopper	Engagement Leads
Involve and Engage	Citizens/People and communities from our protected characteristic	MTs/Zoom calls/workshops Collaborate approach with	Engagement Leads Local Experts and Leads

	s groups (specific)	partners/stake holders Mystery Shopper	
Involve and Engage	Partners and other Stakeholders (Local Authorities, Public Health, NHS Trusts, Neighbouring CCG's, e.g. BSOL)	Newsletters Briefings MTs/Zoom calls/workshop s Collaborate approach with partners/stake holders around service redesign and co-production	Engagement Leads Local Experts and Leads

Sandwell Metropolitan Borough Council

Agenda Item 7

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

06 July 2020

Subject:	**DRAFT Quality Account - Sandwell and West Birmingham Hospitals NHS Trust (SWBNHST) 2019/20**
Contribution towards Vision 2030:	
Report	Dr David Carruthers, Medical Director, SWBHNHST

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Consider the draft quality account as circulated prior to the meeting.

2. Agree to provide substantive feedback via the Chair.

3. Provide a full written response to the Trust (to be collated by the 17th July 2020) as outlined in (2.4) of this report.

1 PURPOSE OF THE REPORT

1.1 To provide an Overview of the DRAFT Quality Account from Sandwell and West Birmingham Hospitals NHS Trust 2019/20.

1.2 To provide an opportunity for initial questions from members.

1.3 To outline opportunities for feedback on the quality account prior to its final approval by the Trust.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The Quality Account is published in parallel to the Trust's Annual Report and Accounts and considers performance in relation to quality, safety and patient care as well as future priorities. The Trust is required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the

form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2012 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

2.2 Members of the panel have received a draft version of the Quality Account for 2019/20 from Sandwell and West Birmingham Hospitals NHS Trust. This account will be considered publicly at the Trust's Annual General Meeting on the 2nd July 2020 following that final changes and stakeholder feedback will be considered.

2.3 This panel is invited to raise an initial comments or questions following an overview from Dr David Carruthers, Medical Director, SWBHNHST.

2.4 Further substantive feedback from the panel will be collated as a formal response by Friday 17th July 2020 through a letter from the Chair.

2.5 A final version of the Quality Account will then be circulated to the panel upon its approval and completion by the Trust.

Surjit Tour
Director – Law and Governance and Monitoring Officer

Sandwell
Metropolitan Borough Council

Agenda Item 9

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

06 July 2020

Subject:	**5G Mobile Communication Technologies**
Contribution towards Vision 2030:	
Report:	Lisa McNally, Director of Public Health

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Monitor evidence of misinformation locally.

2. Recommend increasing the availability of factual information presented in ways credible to our local population**.**

1 PURPOSE OF THE REPORT

1.1 This report provides context and background to concerns that 5G technologies may be related to the COVID-19 pandemic.

1.2 It places these concerns in the context of ongoing health-based conspiracy theories and characterises the potential risks from such theories.

2 IMPLICATIONS FOR VISION 2030

2.1 Ambition 2: beliefs around 5G communication technologies and their impacts may affect health behaviours related to the COVID-19 epidemic. Incorrect beliefs that 5G is responsible for the pandemic may inhibit collective and public health action such as social distancing, contact tracing and other infection prevention measures.

2.2 Ambition 5: 5G masts have been deliberately damaged in neighbouring local authorities. Loss of trust and a sense of not being listened to may result in people feeling forced to take more radical action.

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 The COVID-19 has been declared a Public Health Emergency of International Concern. Since then over 2 million people worldwide have been infected, and over 40,000 people have died in the UK accompanied by significant social and economic disruption.

3.2 COVID-19 is a disease caused by the SARS-CoV-2a virus, a member of the family of coronaviruses. There is no question within the expert scientific consensus that the SARS-CoV-2a virus is responsible for the pandemic.

3.3 This virus is likely a cross-species infection originating in bats, in whom many species of coronaviruses are present.

3.4 A number of conspiracy theories have arisen around the causes of the pandemic. Many of these conspiracy theories are related to previously existing theories common to anti-vaccination campaigners and other movements, and those movements are merging into a community calling themselves “truth seekers”.

3.5 The World Health Organisation describes the false claims surrounding the outbreak as an ‘infodemic’ and warns it could have significant impacts on worldwide management of the pandemic.

3.6 5G communication technologies represent the next iteration of wireless large area communications by increasing the range of frequencies at which these communications can be broadcast. Anti-5G conspiracy theories have existed for some time; in 2018, a man scaled a lamppost to remove what he thought was a 5G antenna as he believed it was causing cancer.

3.7 Introducing a 5G mast may increase exposure to radio waves within a local area. However, the maximum exposure is expected to remain below 1.5% of recommended maximum levels and there should be no consequences for public health. The mobile data is transmitted over non-ionising radio waves, meaning they do not carry enough energy to directly damage a person’s DNA inside cells. Frequent measurements throughout the UK show that exposures of the general public to radio waves are well within the international health-related guideline levels that are used in the UK.

4 THE CURRENT POSITION

4.1 There is no evidence of a link between 5G and COVID-19 and no reason for this claim to be broadcast. COVID-19 is also spreading in many countries that do not have 5G mobile networks.

4.2 Disinformation, half-truths and conspiracy theories around COVID-19 do have a potential health impact on our residents. These can negatively impact on an individual's behaviour, reduce their adherence to government guidance, cause people to damage infrastructure and have a negative impact on mental health and wellbeing.

4.3 Effectively combating these risks is difficult. Public debates on conspiracy theory tend only to enhance their reach; the root causes of low trust in government and scientific authorities, and unopposed spread via social media, need to be targeted to reduce misinformation spread.

4.4 Accurate factual information from neutral organisations (e.g. FullFact.org) may be more effective than Local Authorities to correct misinformation; endorsing and encouraging their use can oppose misinformation, while SMBC can provides local information and guidance about COVID-19.

4.5 Anti-5G movements may grow alongside vaccine hesitancy in the "truth seeker" communities; this may pose future risks regarding roll out and uptake of potential vaccines for COVID-19, as well as affecting other vaccination programmes.

5 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

5.1 Many of the health and wellbeing implications are documented above, and concern progress towards managing the pandemic and social cohesion.

5.2 Conspiracy theories raise wider questions about trust in credible authorities, often affecting particular communities. Correctly engaging with these issues can help prevent communities from feeling isolated and left behind by authorities.

6 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

6.1 5G masts may become targets for vandalism. If any are placed on council estates, this may pose a risk to council property.

7 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

7.1 Monitoring the evidence of misinformation locally will give us a better understanding of the situation.

7.2 Recommending increasing the availability of factual information, presented in ways credible to our local population will reduce the chance of people believing misinformation they come across.

8 BACKGROUND PAPERS AND LINKS

8.1 Public Health England Guidance on 5G Technologies: radio waves and health, October 2019. https://www.gov.uk/government/publications/5g-technologies-radio-waves-and-health/5g-technologies-radio-waves-and-health

8.2 Health-protective behaviour, social media usage and conspiracy belief during the COVID-19 public health emergency, Cambridge University Press, June 2020 https://www.cambridge.org/core/journals/psychological-medicine/article/healthprotective-behaviour-social-media-usage-and-conspiracy-belief-during-the-covid19-public-health-emergency/A0DC2C5E27936FF4D5246BD3AE8C9163

8.3 'Why 5G conspiracy theories prosper during the coronavirus pandemic', The Conversation, April 2020 https://theconversation.com/why-5g-conspiracy-theories-prosper-during-the-coronavirus-pandemic-136019

8.4 'Man scaled lamppost to remove '5G antenna' after viral post claimed it was harmful', The Evening Chronicle, May 2018 https://www.chroniclelive.co.uk/news/north-east-news/man-scaled-lamppost-remove-5g-14672752

8.5 Infodemic management – Infodemiology, World Health Organisation (WHO), June 2020 https://www.who.int/teams/risk-communication/infodemic-management

Surjit Tour
Director – Law and Governance and Monitoring Officer